

**CAMPAIGN FINANCE REPORT
STATE OF WISCONSIN**

Is This Report an Amendment: ☐ Yes ☒ No

Instructions for completing schedules are on the back of each schedule.

COMMITTEE IDENTIFICATION

Name of Committee

Woods for Wisconsin

Street Address

217 Randall Place

City, State and Zip Code

Elkhorn, WI 53121

GAB ID Number: 103912

Please check if address is different than previously reported, and complete the Campaign Registration Statement in the back of this form. ☐

REPORT PERIOD

☐ January Continuing

☐ Pre-Primary

☐ Spring

☐ Fall

☐ Special

☒ July Continuing 2012

☐ Pre-Election

☐ Termination Report
also complete Schedule 4

**SUMMARY OF RECEIPTS AND
DISBURSEMENTS**

1. RECEIPTS

1A. Contributions (Including Loans) from Individuals

\$ 100 -

\$ 100 -

1B. Contributions from Committees (Transfers-In)

\$ -

\$ -

1C. Other Income and Commercial Loans

\$ -

\$ -

TOTAL RECEIPTS (Add totals from 1A, 1B and 1C)

\$ 100 -

\$ 100 -

2. DISBURSEMENTS

2A. Gross Expenditures

\$ 6.98

\$ 6.98

2B. Contributions to Committees (Transfers-Out)

\$ -

\$ -

TOTAL DISBURSEMENTS (Add totals from 2A and 2B)

\$ 6.98

\$ 6.98

CASH SUMMARY

Cash Balance Beginning of Report

\$ 108.95

Total Receipts

\$ 100. -

Subtotal

\$ 208.95

Total Disbursements

\$ 6.98

CASH BALANCE END OF REPORT

\$ 201.97

INCURRED OBLIGATIONS

(Balance at the Close of This Period-3A)

\$ -

LOANS (Balance at the Close of This Period-3B)

\$ -

I certify that I have examined this report and to the best of my knowledge and belief it is true, correct and complete.

Type or Print Name of Candidate or Treasurer

Scott A. Woods

Signature of Candidate or Treasurer

Scott A. Woods

Date:

7/19/2012

Daytime Phone:

608/316-8425

NOTE: The information on this form is required by ss.11.06, 11.20, Wis. Stats. Failure to p
ss.11.60, 11.61, Wis. Stats.

GAB-2S (Rev. 12/09)

Form prescribed by the Government Accountability I
608-266-8005.



0103910-99

SCHEDULE 1-A

RECEIPTS

Contributions (Including Loans) From Individuals

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Complete Committee Name
Woods for Wisconsin

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[illegible]

SCHEDULE 2-A

DISBURSEMENTS
Gross Expenditures

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Complete Committee Name

Woods for Wisconsin

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Date	Full Name, Mailing Address and Zip Code Of Person or Business to Whom Payment is Made	Specific Purpose of Expenditure	Amount
4/30/2012	Community Bank 820 E. Geneva St. Delavan, WI 53115 Check if: <input type="checkbox"/> In-Kind Offset	bank charge inactive acct	3.49
3/31/2012	Community Bank 820 E. Geneva St. Delavan, WI 53115 Check if: <input type="checkbox"/> In-Kind Offset	bank charge inactive acct	3.49
	— Check if: <input type="checkbox"/> In-Kind Offset	—	—
	— Check if: <input type="checkbox"/> In-Kind Offset	—	—
	— Check if: <input type="checkbox"/> In-Kind Offset	—	—
	— Check if: <input type="checkbox"/> In-Kind Offset	—	—
	— Check if: <input type="checkbox"/> In-Kind Offset	—	—
	— Check if: <input type="checkbox"/> In-Kind Offset	—	—
	— Check if: <input type="checkbox"/> In-Kind Offset	—	—
SUBTOTAL ITEMIZED EXPENDITURES THIS PAGE			\$ 6.98
TOTAL ITEMIZED EXPENDITURES			\$ 6.98
TOTAL UNITEMIZED EXPENDITURES \$20 OR LESS			\$ —
TOTAL EXPENDITURES			\$ 6.98